

Kentucky Reclamation Guaranty Fund  
Quarterly Fee Report (Part 2)

\_\_\_\_\_  
Quarter

\_\_\_\_\_  
Date (yyyy)

Permittee ID \_\_\_\_\_

Permittee Name \_\_\_\_\_

Total fees due from each page of part 1 \$ \_\_\_\_\_ . \_\_\_\_

Check, Money Order Number. \* \_\_\_\_\_

**Certification:** I hereby certify that the information submitted herein is true and complete and correct to the best of my knowledge and belief.  
I understand providing fraudulent information may result in substantial penalty in accordance with 405 KAR 10:070.

\_\_\_\_\_  
Print in ink or type the name of person  
preparing report on behalf of Permittee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Contact Information**

\_\_\_\_\_  
Company or Individual Name

\_\_\_\_\_  
Title of person preparing report  
e.g. accountant, consultant, owner, officer, director

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Primary Email Address

\_\_\_\_\_  
Secondary Email Address

**\* Include Permittee ID Number on all payments for proper crediting. Attach payment to part 2 of the form. Payment must be in the form of a check, certified check, cashier's check, or money order and be payable to "Kentucky State Treasurer." Payment must be received by the Office of the Reclamation Guaranty Fund, #2 Hudson Hollow, Frankfort, KY 40601 no later than 30 days after the end of a calendar quarter or penalties contained in 405 KAR 10:070 will be applicable.**